



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

*Office of the Chancellor*

16 December 2020

MEMORANDUM NO. 200  
*Series of 2020*

TO : **All Constituents**

SUBJECT : **Guidelines responding to COVID-19 Incidents in UP Los Baños**

When constituents in U.P. Los Baños are found to be positive for COVID-19, procedures to ensure the safety of all constituents and mitigate the related risks to the wider community should immediately be implemented by the relevant personnel.

All UPLB constituents are reminded that their conduct of activities within the campus are covered by the provisions related to the mandatory reporting of health events (such as symptoms related to COVID-19 infection and/or exposure to or contact with a confirmed COVID-19 case) as prescribed in Republic Act 11332, otherwise known as the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act".

The guidelines set forth here should direct the monitoring and management of personnel and facilities of the University.

***All Constituents***

- 1) Upon entry into the university in the first instance (after the issuance of this memorandum), UPLB faculty, staff, students, and visitors on official business must fill out the *UPLB Employee (Student/Visitor) Commitment to Disclose Health Events of Public Health Concern* form (see *Attachment A*). By signing the form, each constituent agrees to adhere to the provisions stated in the "Sanctions in Connection to the Disclosure of Health Events by UPLB Employees, Students, and Visitors relevant to the COVID-19 Pandemic" (see *Attachment B*), as summarized from RA 11332.

- 2) The signed form must be submitted to the Administrative Officer of the employee's or student's home unit or the visitor's host unit.

### ***COVID-19 Positive Case***

- 1) Upon confirmation of a positive RT-PCR result, the COVID-19 Positive Case (CPC) must report the said diagnosis immediately to their Unit Head (head of department/institute/office).
- 2) The CPC must also provide the Unit Head with a list of their close contacts (name, contact number, and workplace/residence).
- 3) The CPC must then await communication from the University Health Service (UHS) for instructions related to undertaking Home Quarantine or transfer to a designated Isolation Facility. The CPC should also expect a call from the Department of Health Municipal Epidemiological Surveillance Unit (DOH-MESU) as part of the national protocol related to health-related incidents.
- 4) Throughout the quarantine/isolation period, the CPC must diligently communicate with the UHS in relation to the *UPLB Daily Health Monitoring Sheet*.

### ***Identified Close Contacts***

- 1) If personnel are listed as close contacts of the CPC, they will be contacted by the UHS to confirm if they are considered as an Identified Close Contact (ICC).
- 2) If the personnel is confirmed to be an ICC, the UHS will instruct the ICC on quarantine or isolation procedures and if testing is necessary.

- 3) The ICC must then report their status as an ICC to their Unit Head for appropriate action.
- 4) Throughout the quarantine/isolation period, the ICC must diligently communicate with the UHS in relation to the *UPLB Daily Health Monitoring Sheet*.

***Unit (Department/Institute/Office) Head***

- 1) Once a CPC reports a positive diagnosis and sends the list of their close contacts, the Unit Head must forward this information to the COVID-19 Prevention and Mitigation Team (COVID PMT) Coordinator via email at [covidpmt.uplb@up.edu.ph](mailto:covidpmt.uplb@up.edu.ph) with the subject line "Confirmed Case in [Unit]". Any information provided in relation to or provided by the CPC is protected by patient confidentiality and can only be forwarded to the designated health personnel of the UHS and DOH-MESU.
- 2) The report to be made by the Unit Head should also include information on preventive/mitigating actions taken as follows:
  - a. Identified Critical Zone that should be immediately closed off,
  - b. Affected Personnel sent home and assigned to alternative work arrangements, and
  - c. Period of preventive/mitigating action.
- 3) The following matrix describes the identification of the Critical Zone, or the area to be closed off by the Unit Head, based on the number of COVID-19 Positive Cases identified within the 14-day period surrounding the most recent confirmed case within the indicated areas:



CRITICAL ZONE (Area for Closure)	NUMBER OF COVID-19 POSITIVE CASES (within a 14-day period)			
	1	2 (in the same floor or approximate area)	3 (in the same wing or building)	4 to 9 (in the same compound or cluster of buildings)
Office or Work Area				
Enclosed Communal Areas where COVID-19 Positive Case spent at least 15 minutes (e.g. pantry, library, restrooms)				
Open-Air Communal Areas where COVID-19 Positive Case spent at least 15 minutes (e.g. open hallways)				
Enclosed Communal Areas where Identified Close Contacts spent at least 15 minutes				
Entire Floor of the Building (if using a common entrance with the COVID-19 Positive Case or Identified Close Contacts)				
Entire Wing of the Building (if using a common entrance with the COVID-19 Positive Case or Identified Close Contacts)				
Entire Building (if using a common entrance with the COVID-19 Positive Case or Identified Close Contacts)				
Entire Compound/Cluster of Buildings (if using a common entrance with the COVID-19 Positive Case or Identified Close Contacts)				

- 4) The Unit Head must request the Information Technology Center (ITC) to announce the alternative work arrangements of the affected office/s through official communication (see *Attachment C* for sample format) via email to [itc.uplb@up.edu.ph](mailto:itc.uplb@up.edu.ph).
- 5) The Critical Zone must remain closed off for 72 hours, after which the Unit Head must have the area scrubbed wall-to-wall following the procedure described in *Attachment D (Scrubbing Procedure)*. When the 4<sup>th</sup> day after the incident falls on a weekend or holiday, the cleaning and disinfection will commence on the next business day.
- 6) The Unit Head should ensure that the facilities will be accessible to personnel who will conduct the misting of the area (on the day after the wall-to-wall cleaning, usually on the 5<sup>th</sup> day after the incident) as advised by the COVID PMT, who will coordinate with the Institute of Weed Science, Entomology, and Plant Pathology (IWEP) for this purpose.
- 7) Work in the Critical Zone may resume on the 6<sup>th</sup> day from the incident or on the day after the misting of the area.



Further inquiries or concerns related to prevention or mitigation measures and activities related to the COVID-19 pandemic in U.P. Los Baños may be addressed to the UPLB COVID-19 Prevention and Mitigation Team (COVID PMT) Coordinator at [covidpmt.uplb@up.edu.ph](mailto:covidpmt.uplb@up.edu.ph).

Your information and strict compliance.



**JOSE V. CAMACHO, JR.**  
Chancellor 

Attachment: a/s

cc: OVCCA  
UHS  
RMO

## ATTACHMENT A. UPLB Employee (Student/Visitor) Commitment to Disclose Health Events of Public Health Concern Form



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Office of the Chancellor

☎ (+63) 49 536 2567, (+63) 49 536 2894, (+63) 49 536 3673 ✉ [oc.uplb@up.edu.ph](mailto:oc.uplb@up.edu.ph)

### **UPLB EMPLOYEE COMMITMENT TO DISCLOSE HEALTH EVENTS OF PUBLIC HEALTH CONCERN**

*(Tungkulin ng Isang Empleyado ng UPLB na Ipaalam ang Alinmang Kaganapang Makakaapekto sa Pampublikong Kalusugan)*

I, (Last Name, First Name, Middle Initial) \_\_\_\_\_, \_\_\_\_\_ years old,  
☐ male / ☐ female, and working at (Dept./Office/Unit) \_\_\_\_\_ commit to disclose any health event to my Supervisor or Head of Unit, such as symptoms related to COVID-19 infection, exposure or contact with a confirmed COVID-19 case, as prescribed in Republic Act 11332, otherwise known as the:

#### **Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act**

That should I have the above-related health events, I shall not report to work until I have consulted with a physician, and until I have been given medical clearance. I also understand that non-compliance of the above will warrant the appropriate sanctions as provided for by the law and under the relevant Civil Service rules and regulations of the University.

Lastly, I fully understand my responsibility to protect my co-workers from infectious disease hence, *I am signing this commitment.*

Signed:

Attested to:

\_\_\_\_\_  
Name & Signature of Employee/ Date

\_\_\_\_\_  
Name & Signature of Head of Unit/Office/Agency/ Date



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS  
Office of the Chancellor

☎ (+63) 49 536 2567, (+63) 49 536 2894, (+63) 49 536 3673 ✉ [oc.uplb@up.edu.ph](mailto:oc.uplb@up.edu.ph)

**UPLB EMPLOYEE COMMITMENT TO DISCLOSE HEALTH EVENTS OF PUBLIC HEALTH CONCERN**  
*(Tungkulin ng Isang Empleyado ng UPLB na Ipaalam ang Alinmang Kaganapang Makakaapekto sa Pamublikong Kalusugan)*

Ako, (Apelyido, Unang Pangalan, Gitnang Inisyal) \_\_\_\_\_, \_\_\_\_\_ taong gulang, ☐ lalaki / ☐ babae, at nagtatrabaho sa (Dept./Office/Unit) \_\_\_\_\_ ay nangangakong ipapaalam sa aking *Supervisor* o pinuno ng opisina ang aking pinapasukan ang alinman sa mga kaganapan sa aking kalusugan na may kinalaman sa COVID-19, gaya ng mga sintomas nito, o pakikisalamuha sa isang indibiduwal na mayroon or nagkaroon ng COVID-19. Ito ay nakasaad sa Republic Act 11332, o ang:

**Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act**

Kung mangyaring ako ay magkaroon ng alinman sa mga nasabi, ako ay hindi papasok sa opisina hangga't hindi nakakapagkonsulta sa doktor at hindi nabibigyan ng karampatang *medical clearance*. Aking nauunawaan na ang hindi pagsunod sa mga nabanggit ay may katumbas na parusa na naayon sa batas at mga patakaran ng Civil Service Commission at ng Unibersidad. At panghuli, aking lubos na nauunawaan ang aking responsibilidad na bigyang proteksyon ang aking mga kasama sa trabaho mula sa nakahahawang sakit ng COVID-19, kung kaya't aking sinasang-ayunan at pinipirmahan ang dokumentong ito.

Pinirmahan:

Pinatunayan ni:

\_\_\_\_\_  
Pangalan at Lagda ng Empleyado / Petsa

\_\_\_\_\_  
Pangalan at Lagda ng Head of Unit/Office/Agency/ Petsa





UNIVERSITY OF THE PHILIPPINES LOS BAÑOS  
Office of the Chancellor

☎ (+63) 49 536 2567, (+63) 49 536 2894, (+63) 49 536 3673 ✉ [oc.uplb@up.edu.ph](mailto:oc.uplb@up.edu.ph)

**UPLB VISITOR'S COMMITMENT TO DISCLOSE HEALTH EVENTS OF PUBLIC HEALTH CONCERN**  
*(Tungkulin ng Isang Bisita ng UPLB na Ipaalam ang Alinmang Kaganapang Makakaapekto sa Pampublikong Kalusugan)*

I, *(Last Name, First Name, Middle Initial)* \_\_\_\_\_, \_\_\_\_\_ years old,

☐ male / ☐ female, and residing at \_\_\_\_\_

commit to disclose any health event to UPLB, such as symptoms related to COVID-19 infection, exposure or contact with a confirmed COVID-19 case, as prescribed in Republic Act 11332, otherwise known as the:

**Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act**

That should I have the above-related health events, I shall not proceed with my approved visit to UPLB until I have consulted with a physician, and until I have been given medical clearance. I also understand that non-compliance of the above will warrant the appropriate sanctions as provided for by the law and under the regulations of the University.

Lastly, I fully understand my responsibility to protect the UPLB Community from infectious disease hence, *I am signing this commitment.*

Signed:

Attested to:

\_\_\_\_\_  
Name & Signature of Visitor/ Date

\_\_\_\_\_  
Name & Signature of Attesting UPLB Employee/ Date



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Office of the Chancellor

☎ (+63) 49 536 2567, (+63) 49 536 2894, (+63) 49 536 3673 ✉ [oc.uplb@up.edu.ph](mailto:oc.uplb@up.edu.ph)

**UPLB VISITOR'S COMMITMENT TO DISCLOSE HEALTH EVENTS OF PUBLIC HEALTH CONCERN**  
(*Tungkulin ng Isang Bisita ng UPLB na Ipalam ang Alinmang Kaganapang Makakaapekto sa Pampublikong Kalusugan*)

Ako, (*Apelyido, Unang Pangalan, Gitnang Inisyal*) \_\_\_\_\_, \_\_\_\_\_ taong gulang, ☐ lalaki / ☐ babae, at nakatira sa \_\_\_\_\_ ay nangangakong ipapaalam sa UPLB ang alinman sa mga kaganapan sa aking kalusugan na may kinalaman sa COVID-19, gaya ng mga sintomas nito, o pakikisalamuha sa isang indibiduwal na mayroon or nagkaroon ng COVID-19. Ito ay nakasaad sa Republic Act 11332, o ang:

**Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act**

Kung mangyaring ako ay magkaroon ng alinman sa mga nasabi, ako ay hindi tutuloy sa pagbisita sa UPLB hangga't hindi nakakapagkonsulta sa doktor at hindi nabibigyan ng karampatang *medical clearance*. Aking nauunawaan na ang hindi pagsunod sa mga nabanggit ay may katumbas na parusa na naayon sa batas at mga patakaran ng Unibersidad. At panghuli, aking lubos na nauunawaan ang aking responsibilidad na bigyang proteksyon ang aking mga kasama sa trabaho mula sa nakahahawang sakit ng COVID-19, kung kaya't aking sinasang-ayunan at pinipirmahan ang dokumentong ito.

Pinirmahan:

Pinatunayan ni:

\_\_\_\_\_  
Pangalan at Lagda ng Bisita / Petsa

\_\_\_\_\_  
Pangalan at Lagda ng Nagpapatunay na Empleyado ng UPLB/ Petsa



UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

Office of the Chancellor

☎ (+63) 49 536 2567, (+63) 49 536 2894, (+63) 49 536 3673 ✉ [oc.uplb@up.edu.ph](mailto:oc.uplb@up.edu.ph)

**UPLB STUDENT COMMITMENT TO DISCLOSE HEALTH EVENTS OF PUBLIC HEALTH CONCERN**  
(*Tungkulin ng Isang Estudyante ng UPLB na Ipaalam ang Alinmang Kaganapang Makakaapekto sa Pampublikong Kalusugan*)

I, (Last Name, First Name, Middle Initial) \_\_\_\_\_, \_\_\_\_\_ years old,  
☐ male / ☐ female, and a student of (College) \_\_\_\_\_ commit to disclose any health event  
to my College Secretary, such as symptoms related to COVID-19 infection, exposure or contact with a confirmed  
COVID-19 case, as prescribed in Republic Act 11332, otherwise known as the:

**Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act**

That should I have the above-related health events, I shall not report to class until I have consulted with a  
physician, and until I have been given medical clearance. I also understand that non-compliance of the above will  
warrant the appropriate sanctions as provided for by the law and under the relevant Civil Service rules and  
regulations of the University.

Lastly, I fully understand my responsibility to protect the University from infectious disease hence, *I am signing  
this commitment.*

Signed:

Attested to:

\_\_\_\_\_  
Name & Signature of Student / Date

\_\_\_\_\_  
Name & Signature of College Adviser / Date



## **ATTACHMENT B.**

### **SANCTIONS IN CONNECTION TO THE DISCLOSURE OF HEALTH EVENTS BY UPLB EMPLOYEES, STUDENTS, AND VISITORS RELEVANT TO THE COVID-19 PANDEMIC**

WHEREAS, under Republic Act No. 11332, Rule VI, Section 2 (d), it was mandated for all public educational institutions to accurately and immediately report notifiable diseases and health events of public concern;

WHEREAS, the University of the Philippines Los Baños (UPLB), as a public educational institution providing higher education, is bound to strictly perform this specific provision in Republic Act No. 11332;

WHEREAS, the University Health Service (UHS) of UPLB is public health authority tasked to protect and promote the right to health of all UPLB constituents through an efficient and effective disease surveillance, by way of correct identification/confirmation of suspect, probable or confirmed cases of COVID-19, among others;

WHEREAS, UPLB and UHS will not be able to perform its mandates and objectives without promulgating its own protocols with corresponding sanctions for non-compliance or insufficient compliance thereof by its constituents and its visitors;

WHEREAS, these protocols utilize standard commitment forms (*see Attachment A*) which necessitate a truthful and complete disclosure of any of the health events mentioned therein and non-compliance or insufficient compliance therewith warrant sanctions, as provided for by RA 11332 and its Implementing Rules and Regulations, to wit:

#### **I. ACTS PUNISHABLE (Rule XI, Section 1(c), IRR of RA 11332)**

“c.) Intentionally providing misinformation by:

- i. Deliberately providing false or misleading information/details in the required official forms such as but not limited to the CIF, CRF, or Events-Based Surveillance Form; or
- ii. Creating, perpetrating, or spreading false information about the notifiable disease or health event of public health concern in any form of media, such as information having no valid or beneficial effect on the population, and are clearly geared to promote chaos, panic, anarchy, fear, or confusion.”

II. ACTS PUNISHABLE (Rule XI, Section 1(g), IRR of RA 11332)

“g.) Non-cooperation of the person or entities identified as having the notifiable disease, which can be any of the following acts:

- i. Refusal of the person identified by a public health authority as suspect or probable case to submit for physical examination and/or provision of clinical samples as required for the investigation;
- ii. Failure or refusal of the person or entity identified by a public health authority identified as suspect, probable or confirmed case to provide the required information necessary for disease surveillance or response, including for contact tracing activities;
- iii. Failure to comply with a quarantine/ isolation order or directive duly issued by a public health authority;
- iv. Violation of any terms or conditions of the quarantine or isolation order or directive issued by a public health authority; or
- v. Knowingly or willfully infecting another with a contagious or communicable disease classified as notifiable or a health event of public health concern, or aids in the spreading of the same;”

III. ACTS PUNISHABLE (Rule XI, Section 1(h), IRR of RA 11332)

“h.) Non-cooperation of the person or entities affected by a notifiable disease or a health event of public health concern, which can be any of the following acts:

- i. Failure by close contacts to cooperate/submit to public health authorities doing contact tracing activities upon being notified of their status as such;
- ii. Violation of community quarantine or stay-at-home order or directive issued by public health authorities; or
- iii. Commission of the acts of discrimination against an individual on account of having a notifiable disease whether probable, suspect, or confirmed, whether undergoing treatment or recovered; on account of being a health worker (e.g. doctors, nurses, and other allied health workers) or being a personnel providing health and emergency frontline service.”

#### IV. PENALTIES

“Any person or entity found to have committed any of the prohibited acts referred to in Section 1 of this Rule shall be penalized with a fine of not less than Twenty Thousand Pesos (P20,000.00) but not more than Fifty Thousand Pesos (P50,000.00) or imprisonment of not less than one (1) month but not more than six (6) months, or both such fine and imprisonment, at the discretion of the proper court.

If the offender is a foreign national, the case shall be referred to the Bureau of Immigration for the institution of summary deportation proceedings after service of sentence.

If the offender is a professional with a license issued by the Professional Regulation Commission, the case shall be referred to the said commission for the institution of appropriate proceeding to suspend or revoke the license to practice for any violation of the Act and this IRR.

If the offender is a civil servant, the case shall be referred to the Civil Service Commission for the institution of appropriate proceeding to suspend or revoke the civil service eligibility for violation of the Act and this IRR.

If the offense is committed by a public or private health facility, institution, agency, corporation, school, or other juridical entity duly organized in accordance with law, the chief executive officer, president, general manager, or such other officer in charge shall be held liable.

In addition, the business permit and license to operate of the concerned facility, institution, agency, corporation, school, or legal entity shall be cancelled.”

#### V. OTHER PROVISIONS

The above penalties are without prejudice to any claim or action to be pursued by UPLB, at any time from notice of violation of said protocols, as it may deem proper.



**ATTACHMENT C. Sample Format of Notice for Posting of ITC**

[Letterhead of Unit]

[Day Month Year]

**TO : ALL CONCERNED**

**SUBJECT : Alternative Work Arrangements for [Identified Critical Zone]**

Please be informed that the [Identified Critical Zone] will be closed from [Day-Month] to [Day-Month-Year] for disinfection and maintenance activities.

Affected staff members will be on work-from-home arrangement during this period.

All inquiries and other transactions will be entertained through our official email address/es at [email address/es].

For your guidance.

**[Name & Signature of Unit Head]**

[Designation of Unit Head]

## **ATTACHMENT D. Scrubbing Procedure for Critical Zones**

It is highly recommended that cleaning and disinfecting be done at least once a day in all areas, even if there is no COVID-19 Positive Case reported in the facility.

The use of chemical misting and fogging CANNOT take the place of regular cleaning and disinfecting. "Wall-to-wall" cleaning of the area BEFORE misting and fogging is recommended.

Cleaning and disinfection should be performed by designated personnel of the unit. Misting and fogging should be done by trained personnel. The Institute of Weed Science, Entomology, and Plant Pathology (IWEPP) may be tapped for this purpose, through the COVID-19 Prevention and Mitigation Team.

### *Cleaning and Disinfecting after a COVID Positive Case (CPC) has been Identified*

1. The Critical Zone should be locked and left untouched for 72 hours (3 days) after the incident (i.e., the day the COVID-19 Positive Case was reported). Cleaning and disinfection of the area should commence on DAY 4 after the incident.
2. Cleaning and disinfection should cover the entire area of the Critical Zone from "wall-to-wall", starting from the least contaminated areas/surfaces to the most contaminated (*see attached infographic for a quick guide to proper infection control*).
3. Organic debris should first be removed from the area upon commencement of cleaning. If the area is visibly dirty or soiled, this should be cleaned with soap and water before disinfection. Vacuuming and dry dusting is discouraged. The use of a wet mop or wet cloth (wet dusting) is recommended to clean the floors and surfaces in the Critical Zone.
4. After cleaning, use recommended disinfectants that have been found to be effective against the SARS CoV 2 virus (CORONA virus), such as the following:
  - a. Sodium hypochlorite (Chlorox)
  - b. Lysol liquid
  - c. Lysol spray
  - d. 70% alcohol
5. Follow the prescribed contact time (usually ten minutes) to ensure the effectiveness of the disinfection process, focusing on high-touch areas such as door knobs, faucets, computer keyboards.

### *Safety Guidelines for Cleaning Personnel*

1. If the location allows, open windows and doors while undertaking cleaning and disinfection.
2. Wear a surgical mask and face shield.
3. Wear industrial grade rubber gloves that extend to the elbow. These are reusable after proper cleaning and disinfecting. Wash hands thoroughly after removing the gloves.
4. An outer apron may be used as protection from splashes. Medical grade personal protective equipment (PPE) is ideal but is not required.




## PROPER INFECTION CONTROL

**CLEAN UP!**

Clean surfaces:

- WITH SOAP AND WATER
- FROM TOP TO BOTTOM
- FROM THE LEAST TO THE MOST CONTAMINATED AREAS




**DISINFECT!**

**PREPARE AND APPLY**  
your disinfectant of choice  
onto the cleaned surfaces.

Disinfectants are inactivated by organic matter.  
To ensure its potency, it is important to clear and clean  
contaminated surfaces first before application.

**Sodium hypochlorite (Zonrox®)**


**3 Tbsp (or 45 ml)**  
**sodium hypochlorite**  
**+**  
**1 liter of water**  
(as directed)



**CONTACT TIME: 10 MINUTES**

**Lysol® (liquid)**


**1 tsp (or 5 ml) Lysol +**  
**1 gallon (or 3.8 liters) water**  
**OR**  
**1 part Lysol +**  
**300 parts water**



**CONTACT TIME: 10 MINUTES**

**Lysol® (spray)**

- For absorbent surfaces such as pillows and mattresses
- Should be used in well-ventilated areas



**CONTACT TIME: 10 MINUTES**